സാധുക്കളെ സംബന്ധിച്ച ആശുപത്രികളെ കൂടുതൽ പ്രയോജനകരമാക്കി തീർക്കുന്നതിനു വേണ്ട പ്രത്യേക വ്യവസ്ഥകൾ ചെയ്യേണ്ടതായിരിക്കുന്നു. രാജ്യത്തിൽ ആഹാരസാധനങ്ങൾ ഉണ്ടാക്കുന്നതിനു വേലകൾചെയ്യുന്നതു് കൂലിവേലക്കാരും സാധുക്കളുമാണു്. ഇവരുടെ ആരോഗ്യസ്ഥിതിയെ പ്രത്യേകശ്രദ്ധയോടുകൂടി സൂക്ഷിച്ചുകൊണ്ടിരിക്കേണ്ടതു ഗവർമ്മെൻറിൻെറ പ്രധാനകടമയാണു്. ഇവരുടെ ചികിത്സയിൽ മെഡിക്കൽഓഫീസറന്മാരുടെ മനഃപൂർവ്വമായ ശ്രദ്ധ പതിയുന്നില്ലെന്നാണു് എനിക്കു അഭിപ്രായമുള്ളതു. പ്രസവക്കേസുകളിൽ സൂതികമ്മിണികളുടെ (midwives) ജോലി ഫോൻവു-ൽ നിന്നും ഫോൻൻ-ൽ സല്പം കൂടീട്ടുള്ളതായി കാണുന്നു. ഇതുകൊണ്ടു സമാധാനപ്പെടാൻ പാടില്ലാത്തതാണു്. ഇവരുടെ ജോലിയെ സംബന്ധിച്ച ഫോൻവു-ലെ വാർഷികറിപ്പോർട്ടിൽ ഇങ്ങനെ പറഞ്ഞിരിക്കുന്നു.

"Sixty-two midwives were at work throughout the year and 5,440 cases of labour were attended to by them as against 5,264 in 1097, showing an increase of 176 cases. This I consider not very satisfactory. This has been the result despite my circular dated 23-12-21 to medical officers to get midwives to bestir themselves to visit the houses of the poor and offer their services in the homes of the poor"

കടലാസിൽ കാണുന്ന ഈ ആജ്ഞ എത്രത്തോളം പ്രവൃത്തിയിൽ വന്നിട്ടുണ്ടെന്നുള്ളതിനെപ്പറ്റി അന്വേഷിച്ചു് സമയംകളയേണ്ട ആവശ്യമുണ്ടെന്നു തോന്നുന്നില്ല. ഡിപ്പാർട്ടുമെൻറലായി ഉണ്ടായിട്ടുള്ള ഈ ആജ്ഞയെ പ്രവൃത്തിയിൽ കൊണ്ടുവന്ന ജനങ്ങൾക്കു വിശേഷിച്ചു സാധുക്കൾക്കും പ്രയോജനകരമായി തീർക്കുന്നതിനു നിർബന്ധിക്കേണ്ടതാണു.

പ്രസവക്കേസുകളെ പറ്റി ഫോൻവു-ലെ വാർഷികറിപ്പോർട്ടിൽ ഇങ്ങനെ പറഞ്ഞിരിക്കുന്നു.

"A more detailed examination reveals a considerable degree of ignorance of practical midwifery on the part of the medical officers. There are some who seem largely to have resorted to forceps where these were probably not needed or to the crushing of the head of the child or multilating the child to effect delivery when in a considerable number of these such a procedure could not have been necessary. Ignorance and inexperience on the part of medical officers is not their fault. The training they had in their Medical School was practical only to a very limited extent and hardly sufficient to help them to stand on their own feet when confronted with a tolerably difficult case of labour."

വൈദ്യശാസ്ത്രത്തിൽ ഉൽകൃഷ്ടപരീക്ഷാവിജയികളായ മെഡിക്കൽഓഫീസറന്മാരെ പറ്റിയാണു് പ്രധാനമായി ഡർബാർഫിസിഷ്യൻ ഈ അഭിപ്രായം പറഞ്ഞിട്ടുള്ളതു. ഈ സ്ഥിതിയിൽ ഇവിടെയുള്ള മെഡിക്കൽസ്ഥാപനങ്ങളിൽ നിന്നും പഠിച്ചു സർട്ടിഫിക്കെറ്റുകൾ വാങ്ങിച്ചു കിസ നടത്തിപ്പോരുന്നവരുടെ സ്ഥിതി എന്തായി തീരുമെന്നുള്ളതു

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[Mr. T. Kumara Pillai.]

ഞാൻ പറഞ്ഞറിയിക്കേണ്ട ആവശ്യമില്ലാത്തതാണ്. ഇവരുടെ ചികിത്സയിൽ അനേകം സ്ത്രീകളുടെ ജീവിതം ഏറ്റവും കഷ്ടതരമായി തീർന്നിട്ടുള്ളതിനു അനേക ദൃഷ്ടാന്തങ്ങൾ എനിക്കുതന്നെ അറിയാവുന്നതാണ്. ഇങ്ങനെ സ്ത്രീകളെ കഷ്ടദശയിലാക്കുന്നതിനു ഗവർമ്മെൻറ് ഒരിക്കലും അനുവദിക്കാൻ പാടുള്ളതല്ല. മറ്റു ചികിത്സകളിലും ഇവർ പലേ അബദ്ധങ്ങളും പ്രവർത്തിച്ച് അതിനാൽ മരണങ്ങൾക്കു ഇടയാക്കുകയും ചെയ്യുന്നു. വൈദ്യശാസ്ത്രത്തിൽ ഉൽകൃഷ്ടപരീക്ഷാവിജയികൾക്കു മാത്രമെ ചികിത്സകളും പ്രസവക്കേസുകളും നടത്താൻ പാടുള്ളൂ എന്നൊരു നിയമം പാസ്സാക്കേണ്ടതു അത്യാവശ്യമായിട്ടുള്ളതാണ്.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, I appreciate very much the remarks made by Mr. Kumara Pillai with regard to the need for medical aid being given more extensively throughout the country. Government have done a great deal in this matter. At present we have hospitals and dispensaries in different parts of the State. What Mr. Kumara Pillai pointed out was that it was not possible to reach all people by means of these State institutions. He has referred to the work to be done by the Darbar Physician when that officer visits certain parts. I think personally that would be an ideal thing. During my tours I have tried, wherever it was possible, to let people know of my visits and I have taken advantage of my tours to understand the needs of the country and the people. I have been able to get information fairly satisfactorily regarding the needs of the parts that I have visited. But if the Darbar Physician were to stay some days in different parts as Mr. Kumara Pillai suggested, I am afraid it will be necessary to have another officer also to help the Darbar Physician – whether you call him personal assistant or by whatever other name.

Then, with regard to the fall in the number of patients attending hospitals and dispensaries, I must say, Sir, that it is not always an index of the unpopularity of the medical officer, though I do admit that this factor has also to be considered. Some diseases have a peculiar way of being more prevalent during certain seasons and in certain parts and also of occurring in epidemic forms. It may be that more persons may fall victims to certain diseases in one part of the year than in another. So that it is not fair to attribute the decrease in the number of patients solely to the unpopularity of the doctor.

With regard to the fees that medical officers demand, that question has been threshed out in this House over and over again, and I must confess that I have not yet been able to discover a satisfactory remedy for preventing this disease.

MR. T. KUMARA PILLAI (*Kalkulam cum Vilavankod*): ചികിത്സയ്ക്കു ആശുപത്രിക്കുപോകുന്നവരുടെ കഥയാണ് പറഞ്ഞതു്.

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MRS. M. POONEN LUKOSE (*Surgeon in charge*) :അതിന്റെ കാര്യം തന്നെയാണ് ഞാനും പറഞ്ഞത്.

Unless the medical officers realise their own responsibility and the nobility of their profession, I am afraid one Darbar Physician or even ten will never be able to eradicate this practice.

With regard to attendance in midwifery cases, I am able to speak with some authority because I have realised myself, during the ten years I have been in charge of the hospital here, that there has been a good deal of inefficient treatment of patients. During my inspections, wherever there was a midwife attached to the institution, I have taken, as medical officers in charge of those institutions will testify, particular pains to find out what work those midwives were doing and to draw their attention to what they have not done and to instruct them as to what is expected of them. But, it is a very difficult thing to get these midwives popularised, because, as many members of this Council know, we have our untrained midwives who have got such a hold on the people that even educated persons sometimes prefer them to well-trained hospital midwives. The midwives, specially the younger ones, have much uphill work to do; and unless our men help us in this matter it would be very difficult to get the work done, though I realise it is a very important work.

With regard to the lack of training in midwifery among the men, I do admit that after they pass out from the medical colleges the men would be much better for a certain amount of special training in this branch; I hope that, in time when the new General Hospital buildings are complete, some provision will be made, so that the men may get post-graduate training, or that it will be made possible for them to attend the Women and Children's Hospital. Personally I do not object to men coming for training to the Women's Hospital. I would welcome it, but Mr. Kumara Pillai himself might remember the great opposition and the fuss that was made when one man was sent for training to the Women's Hospital at Quilon. I do not think we are quite ready at present to send men for training to the Women's Hospitals. People have got to be educated to this idea. Government will take note of this matter and will do all that is in their power.

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): Sir, I rise to support the motion moved by Mr. Kumara Pillai, and, in doing so, I have to say a word with regard to the administration of the Medical Department. This department, which was directed by foreigners for a long time, has now passed into the hands of a Travancorean some ten months ago for the first time. It passed for the first time to the first lady who holds the appointment as the head of the department. It is a matter for congratulation that this lady happens to be the first lady who entered His Highness the Maha Raja's College for Boys and passed her examination for the first time. I might say that she occupies the present position not because she is a woman but because she is an efficient doctor with administrative capacity. Many of us had our own

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misgivings as to whether it would be safe to entrust such an important department to a lady. Many entertained doubts whether, as head of the Medical Department, a lady would be able to travel and do inspection work as a gentleman.

PRESIDENT: How is all this relevant?

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): I am talking about the administration of the Medical Department, and I am saying that.

PRESIDENT: I am afraid you are not entitled to discuss the incumbent of the office.

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): We had our own misgivings last year but now we are finding that we get good work.

Sir, if you rule it out of order, I shall not proceed.

PRESIDENT: Yes, I think you are out of order.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): ഡർബാർ ഫിസിഷ്യൻ പറഞ്ഞിട്ടുള്ളതിൽ ചില സംഗതികളിൽ എനിക്കു യോജിക്കാൻ നിവൃത്തിയില്ല. അതായത്, ആശുപത്രികളിൽ രോഗികൾ കുറഞ്ഞുപോകുന്നത് ഡാക്ടർമാരുടെ പ്രവൃത്തികൊണ്ടല്ല എന്നാണ് ഡർബാർഫിസിഷ്യൻ പറഞ്ഞത്. അതിനു ഒരു ഡാക്ടരുടെ കാലത്തുണ്ടായിരിക്കുന്നതായ രോഗികളുടെ കണക്കും അദ്ദേഹത്തിനുശേഷം വരുന്ന ഡാക്ടരുടെ കാലത്തുള്ള രോഗികളുടെ കണക്കും നോക്കുമ്പോൾ അറിയാവുന്നതാണ്. ചില കാലങ്ങളിൽ ചിലസുഖക്കേടുകൾ ഉണ്ടാകുന്നതു വാസ്തവമാണ്. പദ്മനാഭപുരത്തു കുംഭംമുതൽ ഇടവംവരെയുള്ള മാസങ്ങളിൽ ധാരാളം മലമ്പനിക്കാരുണ്ടായിരിക്കും. അത് ഇന്നയാണ്ടിൽ ഉണ്ടെന്നും ഇന്നയാണ്ടിൽ ഇല്ലെന്നും ഇല്ല. എല്ലാആണ്ടിലും ഉണ്ടായിരിക്കും. കുംഭമാസത്തിലെ മഴയോടുകൂടി തുടങ്ങി ഇടവമാസത്തെ മഴവരെ മലമ്പനി ഉണ്ടായിരിക്കും. അതുപോലെ ഓരോകാലത്തും ഉണ്ടാകുന്നതായ സുഖക്കേടുകൾ ഓരോ ആണ്ടിലും ഉണ്ടാകുന്നതാണ്. അതുകൊണ്ടു രോഗികൾ കുറഞ്ഞുപോകുന്നത് ഡാക്ടർമാരുടെ ദോഷമാണോ എന്നു സംശയിക്കേണ്ട ആവശ്യമില്ല. നിശ്ചയമായിട്ടും അതുതന്നെയാണ്.

ഫീസിനെ സംബന്ധിച്ചു ഡാക്ടർമാരുടെ മനഃസ്ഥിതിമാറേണ്ടതാണെന്നും അതുമാറാതിരിക്കുന്നപക്ഷം ഡർബാർഫിസിഷ്യൻ വിചാരിച്ചാൽ സാധിക്കുന്നതല്ലെന്നും പറഞ്ഞു. ആ അഭിപ്രായത്തോടു എനിക്കു പൂർണ്ണമായിയോജിക്കാൻ നിവൃത്തിയില്ല. ഡർബാർഫിസിഷ്യൻ

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നിഷ്കർഷവച്ചാൽ സാരമായ വ്യത്യാസം ഉണ്ടാകുമെന്നാണ് എന്റെ അഭിപ്രായം. ഡാക്ടർമാർ ആശുപത്രികളിൽ പോകുന്നരോഗികളോട് പണം വാങ്ങിക്കുന്നു എന്നറിവുകിട്ടിയാൽ ഉടനെ നടപടിനടത്തുന്നപക്ഷം ഇങ്ങനെയുള്ള അഴിമതികൾ കുറഞ്ഞുപോകുന്നതാണ്. അല്ലാതെ മുഴുവനും കുറഞ്ഞുപോകുമെന്നു ഞാനും വിചാരിക്കുന്നില്ല.

മറെറാരുസംഗതി എനിക്ക് പറയാനുള്ളത് സൂതികമ്മണികളുടെ ആവശ്യം ഉൾനാടുകളിൽ അത്രഅധികമുണ്ടോ എന്നുള്ള സംശയത്തെപറ്റിയാണ്. അങ്ങനെ ഒരു കാലമുണ്ടായിരുന്നു. എന്നാൽ ഇപ്പോൾ ഈ മിഡ്വയിഫ്മാരെപറ്റി ഉൾനാടുകളിലെ ജനങ്ങൾക്ക് നല്ല അഭിപ്രായമുള്ളതുകൊണ്ട് കൂടുതൽ മിഡ്വയിഫ്മാർ അവിടെ അത്യാവശ്യമാണെന്നു പറയാതിരിക്കാൻ നിവൃത്തിയില്ല.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): ഗതാഗതസൌകര്യം അഭിവൃദ്ധിയിലാക്കിയാൽ കുറെക്കൂടി ഔഷധവിഷയമായ സഹായം വിതരണം ചെയ്യുന്നതിനു സൌകര്യം കിട്ടുകയില്ലേ?

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): ഗതാഗതസൌകര്യങ്ങളിലുള്ള വിഷമംകൊണ്ടാണ് ആശുപത്രി അധികമായി വേണമെന്നു പറയാൻ ഇട വന്നിട്ടുള്ളത്. സാധുക്കൾ പലരും ഗതാഗതസൌകര്യമില്ലാത്തതുകൊണ്ട് ആശുപത്രികളിൽ പോകാൻസാധിക്കാതെ മരിച്ചുപോകുന്നുണ്ട്. അവക്ക് ഗതാഗതമാർഗ്ഗമാണ് വലിയപ്രതിബന്ധമായിരിക്കുന്നത്.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, I may point out to Mr. Kumara Pillai that I did not say that in every case of fall in the number of patients it was so, but that in some cases it might be so. I am aware of the particular instance which Mr. Kumara Pillai has in mind.

With regard to decrease of cases he pointed out that it might be due to malaria.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): Not only malaria but so many other diseases also.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): There may be other diseases like dysentery, influenza, etc. These do not necessarily attack a particular place in the same way every year. But cases like these may occur every year. I do not for a moment say that when patients decrease in number in a particular institution, it may not be due partly to the unpopularity of the doctor, but I am not prepared to admit that unpopularity is the sole cause.

With regard to fees, in the last Council also, I said that, if any member would bring to my notice instances where medical officers demanded fees from patients in hospital, I would enquire into them.

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MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): അങ്ങനേയുള്ള സംഗതികൾ ഡർബാർഫിസിഷ്യന്റെ മുമ്പാകെ ഞാൻതന്നെ എഴുതിഅയച്ചതിൽ യാതൊരുനടപടിയും നടത്തീട്ടില്ല.

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : Did the member bring such cases to my notice ?

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*) : Not to the present Ag. Darbar Physician (*Laughter.*)

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : I find that such general statements have been made over and over again but no specific instances have been brought to my notice. But I may say that some similar cases have come to my notice in the case of the subordinate staff and I have dealt with them severely whenever I was satisfied about the genuineness of the charges.

As regards midwifery work, no doubt, there are some places where, as Mr. Kumara Pillai said, the people appreciate the midwife's work. But I have found during my tours that there are places where it is very difficult for midwives, even experienced midwives, to do their work satisfactorily. I am sure Mr. P. K. Narayana Pillai knows the difficulties in Ambalapuzha, where I found the midwife was not able to do much work. So also, in Muvattupuzha and other places, the widwives find it very difficult to carry on their work satisfactorily. The Government have already realised the importance of this work, and a class for training in midwifery was started in the Women and Children's Hospital in Minam 1100 for training young women who are not to be appointed in the Government service but who, after one year's training, are to go out and work in different parts of the country and to be of help to the poor women. So that it will be seen that Government have taken note of this matter, and Government have realised that it is a very important work.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*) : ഇവിടെ മെഡിക്കൽ ഇൻസ്റ്റിറ്റ്യൂഷൻസ് ഉണ്ട്. അവിടെനിന്നും പരീക്ഷ ജയിച്ചു സർട്ടിഫിക്കറ്റു കിട്ടിയവർ നടത്തിവരുന്ന ചികിത്സയിൽ പല അപകടങ്ങളും വന്നുകൂടുന്നുണ്ട്.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha* cum *Todupuzha*) : ഉൾനാടുകളിൽ രോഗികളെ കാണുന്നതിന് ഡാക്ടർമാർപോകുന്ന സംഗതിയിൽ എന്തു പടി അവർക്കു കൊടുക്കണമെന്നു വിവരിക്കുന്ന ഒരു ബോർഡു ആശുപത്രികളിൽ വയ്ക്കുന്നത് നന്നായിരിക്കയില്ലേ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : Mr. Kunjitomman had brought up this question during the last budget session also, and I have been considering it. There has been a proposal to revise the present Medical Code and when this is done a scale of fees for medical men will also be drawn up. I think the board may be of some help but I must

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also point out that, if fees are to be fixed in this fashion, a medical man, if he is a heartless man, will continue to be so whether there is a board up or not. He may attend to the cases and get the fixed fee. But will it not amount to forced labour? The unsympathetic doctor may go to a case and just do something. Relatives may have the satisfaction of having paid him less. But I do not know whether they will have got the best out of him. Of course, the kind and good doctor does not require a board of fees to guide him. However, a schedule of fees may be of some use in certain parts and I can assure Mr. Kunjitomman that the question will be considered seriously.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha* cum *Todupuzha*): ഇപ്പോഴുള്ള മെഡിക്കൽകോഡിൽ ഡാക്ടർമാർക്ക് മൈൽ ഒന്നിന എന്തു പടി കൊടുക്കണമെന്ന് വല്ല വിവരണവും ഉണ്ടോ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): There is a schedule of fees which was published in 1895 or 1896. I do not remember the exact rates. Conditions have changed considerably since then and I do not think it possible to apply that schedule at the present time. It will have to be revised to suit the present conditions.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha* cum *Todupuzha*): കോഡ് പാസാകുന്നതിന മുമ്പെതന്നെ അങ്ങനെ ഒരു വ്യവസ്ഥ ചെയ്യുന്നതു സാധുക്കളായ രോഗികളെ സംബന്ധിച്ചേടത്തോളം വളരെ ഉപകാരപ്രദമായിരിക്കുമെന്ന ഡർബാർഫിസിഷ്യന് അറിയാമോ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): I think it may be useful; and as I said before, I shall consider the question seriously.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): ആശുപത്രിയിൽ പോകാൻ സാധിക്കാത്ത സാധുക്കളെ വന്നുകാണണമെന്ന ആവശ്യപ്പെട്ടാൽ അവർക്ക് ഫീസു കൊടുക്കണമെന്ന നിർബന്ധിക്കുന്നതു ന്യായമായിരിക്കുമോ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): സാധുക്കളെ നോക്കുന്നതിന ഡാക്ടർമാർ ഫീസു വാങ്ങിക്കുന്നതു ന്യായമല്ല.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): അതിന എന്തെങ്കിലും ഏർപ്പാട് ചെയ്യാൻ സാധിക്കുമോ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): I shall try to do what is possible.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha* cum *Todupuzha*): യാത്രാസൌകര്യമില്ലാത്ത സ്ഥലങ്ങളിൽനിന്നും രോഗികളെ ആശുപത്രിക്കു കെട്ടി എടുത്തുകൊണ്ടു വരികയാണെങ്കിൽ അപകടം സംഭവിക്കുമെന്നുള്ളതിനാൽ ഡാക്ടർമാരെ കൊണ്ടുപോകുന്നതിന് കൊടുക്കേണ്ടതുക ക്ലിപ്തമായറിയാൻപാടില്ലാത്തതുകൊണ്ട് സാധുക്കൾ വളരെ സങ്കടപ്പെടുന്നതായി അറിയാമോ?

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MRS. M. POONEN LUKOSE (*Surgeon in charge*) : അറിയാം. മിസ്റ്റർ കുഞ്ഞിത്തൊമ്മൻ തന്നെ ഇതിനുമുമ്പു വളരെ ഭംഗിയായി പറഞ്ഞിട്ടുണ്ടു.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): ആ സംഗതി ഇതുവരെ ക്ലിപ്തപ്പെടുത്താത്തതിന്റെ കാരണമെന്തു?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): ഞാൻ പല ഡാക്ടർമാരോടു ആലോചിച്ചു അതിനെപ്പറ്റി അന്വേഷണം നടത്തുന്നുണ്ടു.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): ഉടൻതന്നെ ക്ലിപ്തപ്പെടുത്തുമോ?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): ഉടൻതന്നെ ചെയ്യാമെന്നു പറയാൻ നിവൃത്തിയില്ല.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): അതിൽ ഡാക്ടർമാർ അനുകൂലമായ അഭിപ്രായം പറയുകയില്ല. ഈ രൂപം സിനെ പരിഷ്കരിച്ചു പടി ക്ലിപ്തപ്പെടുത്തുന്നതിൽ ഡാക്ടർമാർ അനുകൂലമായ അഭിപ്രായം പറയുമെന്നാണൊ ഡർബാർഫിസിഷ്യൻ വിചാരിക്കുന്നതു?

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : I believe, the doctors will give their correct opinion.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know whether the Durbar Physician is aware that a labour ward in the Nagercoil District Hospital has been almost finished?

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : Yes, I am aware of that.

MR. M. SIVATANU PILLAI (*Tovala*) : Do the Government propose to send a midwife to the Hospital next year.

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : There is already a midwife attached to that hospital and she will be able to attend to the midwifery work in the new ward. I do not think an extra midwife will be necessary. For the present, one will be sufficient. But the Nagercoil Municipality is helping with scholarships four midwives who are being trained in the hospital in Trivandrum, and when they pass out, the Municipality proposes to appoint these midwives to work in different parts of Nagercoil. I think that would be better than appointing more Government midwives in the Nagercoil Hospital.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know whether the Darbar Physician is aware that the Nagercoil Municipality had the greatest infantile mortality in 1099?

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : It may be so. But I do not think it is necessary to have more than one midwife attached to the Government Hospital. There is one midwife there already and

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from the return of cases submitted every month by the Medical Officer, I do not think that she has been called upon to attend more cases than can possibly be attended to by one midwife. If the return shows a greater out-turn of work, the question of one more midwife for that Hospital will be considered. At present the monthly return of diseases does not justify another midwife.

MR. T. KUMARA PILLAI (*Kalkulam cum Vilavankod*): I withdraw the motion.

The motion was, by leave, withdrawn.

Motion 254.

MR. N. KUMARAN (*Nominated*): I beg to move the following motion:

254. To omit the allotment of Rs. 2,250 for Temporary Sub-Assistant Surgeons.

My object in bringing forward this motion is not to effect a cut, if these appointments are absolutely necessary. But I find that, last year, provision was made only for one temporary Sub-Assistant Surgeon. This year, the Ag. Darbar Physician seems to require 11 persons. I think the news has been quite disquieting, that we are going to have too many epidemics in more places in Travancore next year than in the present year. I should like to know why so many persons are required this year, where they are to be posted and from what information the Darbar Physician has come to the conclusion that we are going to have more epidemics. I believe the places where these persons are to be posted are not decided upon as also the epidemics which are likely to occur. If the Darbar Physician has any definite information about these matters, the House will be very much obliged to have that information.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, I do not quite follow. I could not hear all that was said by Mr. Kumaran. May I know what he said about the last year?

PRESIDENT: Will you please repeat what you said?

MR. N. KUMARAN (*Nominated*): Provision was made last year for only one temporary Sub-Assistant Surgeon. This year provision has been made for ten more. The foot-note at page 124 of the Budget Estimate shows that provision is made for ten Temporary Sub-Assistant Surgeons for a period of four months in times of epidemics and for one Sub-Assistant Surgeon for five months for the fever dispensary at Perunkadavila.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Mr. Kumaran wanted to know where I was going to post the temporary men and what epidemics the country is likely to have. That is quite an impossible question for me to answer. I hope we shall not have occasion to engage *any* of these temporary Sub-Assistant Surgeons. But the provision has been made because work is terribly dislocated in the hospitals when epidemics suddenly break out in different parts. The Sanitary Commissioner and the Municipality apply to the Darbar Physician to

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[Mrs. M. Poonen Lukose.]

send medical officers immediately on special duty, and this happened about nine or ten times last year, and the year before. Also, medical officers have to be sent on special duty in connection with festivals, for instance, at Suchindram and Sabarimala and places like that. These Assistants are required badly in the District Hospitals and when it suddenly becomes necessary to post them for certain periods in other stations, one can imagine how the work of the hospitals gets dislocated. That is why the provision is made. In 1099 we had eleven Sub-Assistant Surgeons posted for special duty during different periods of the year one for fever, seven in connection with epidemics of cholera and three for festivals. In 1100 again, there were 9 stations of cholera epidemics, one Sub-Assistant Surgeon had to be sent to a fever dispensary and 2 for festivals. One Assistant has been sent recently for introducing leprosy treatment in the dispensaries at Chavara, Karunagapalli and Kayenkulam. After this explanation, I hope Mr. Kumaran will find his way to withdraw his motion.

MR. N. KUMARAN (*Nominated*): In view of the explanation offered, I would withdraw the motion.

The motion was, by leave, withdrawn.

Motion 255.

The following motion was not moved :—

MR. N. KUMARAN :

255. To reduce the allotment of Rs. 1,82,000 for purchase of European medicines and surgical instruments by Rs. 100.

Motion 256.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): I beg to move the following motion :

256. To omit the allotment of Rs 1,200 for the maintenance of X-ray engine and pumping plant.

ഇതിനെ സംബന്ധിച്ച ഫാൻവ്യ-ലെ വാഷ്ിക റിപ്പോട്ടിൽ അസ്സെഡ്ബാർഫിസിഷ്യൻ ഇങ്ങനേ പറഞ്ഞിരിയ്ക്കുന്നു.

" The X-ray apparatus now out of use and lying unutilised is only a lumber appendage which exists only as a mere show. "

അതുകൊണ്ടു ഇതിലേക്കു ഫ,൨ ൦ ൦ രൂപ ചിലവാക്കേണ്ട ആവശ്യമില്ല.

MRS. M. POONEN LUKOSE (*Surgeon in charge*) : Sir, I am sorry that this was not explained in greater detail in the Budget Estimate. If it had been done, Mr. Kumara Pillai would not have had to bring forward this motion. The whole amount is not for the maintenance of the X-ray apparatus.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): What is the sum allotted for the X-ray?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): For the X-ray about Rs. 175 only is spent annually.

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Though the X-ray apparatus is not in working order, the engine has to be worked daily and it has to be oiled, so that it may be prevented from getting rusty. A medical man has gone to England at his own expense to specialise in X-ray work and when he comes back, it is hoped the X-ray apparatus will again be made available for the public. One attendant on Rs. 14 a month is employed for attending to the engine daily. The rest of the money is spent for the pumping plant attached to the Women and Children's Hospital, Taikad. Water is pumped up daily from the well on the other side of the road, as some of the members know. The pay of the staff engaged in the latter work is Rs. 22 for the driver and Rs. 8 for the cleaner. Petrol, mobiloil, grease, kerosine, oil, bar soap, metal polish, emery paper etc., have also to be supplied. All these items come to about Rs. 84 a month. The total expenditure for the pumping plant alone comes to about Rs. 1,017. It will therefore be seen that only a small amount is spent for the X-ray annually.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): I withdraw the motion.

The motion was, by leave, withdrawn.

Motion 257.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): I beg to move the following motion :-

257. To reduce the allotment of Rs. 4,97,509 for Hospitals and Dispensaries by Rs. 100.

My object in tabling this motion is merely to draw the attention of the Council to one or two points connected with the administration of the medical charities of the State in the full hope that, when things are presented in proper light, a generous measure of practical sympathy will be forthcoming from this House on behalf of the suffering humanity. To start with, let me draw the attention of this Council to the fact that in Mysore there are 202 medical institutions, that is to say, for every 29,000 people, there is a dispensary or hospital. In the presidency of Bombay, there is a medical institution for every 35,000 of the population. Even in the Madras Presidency, they have a medical institution for about 50,000 people. With 61 medical institutions, that is 29 hospitals and 32 dispensaries in the State, we have only one medical institution for every 67,000 of the people. I want to say that the provision of medical relief for our people is not sufficient and the aim, as I understand from what is proposed in Mysore, is to have a medical institution for every 15,000 people. I hope this Government will see their way to secure at least an institution for every 15,000 people of our population I do not say all at once, but gradually.

There was formerly a scheme for affording medical relief in rural areas. Medical relief was one of the functions assigned to the Sanitary Department. That has been discontinued. Why it was discontinued it is nowhere stated. I take it that it was a boon conferred on the people by the Sovereign and it seems to have been taken away by some process of departmental action which has nowhere been explained.

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MR. N. KUMARAN (*Nominated*): May I know why the system could not have been renewed while the member was in charge of the department?

MR. K. MADHAVAN PILLAI (*Trivandrum cum Neduvangad*): I am here only as an elected member. I wish the member would not ask that question. That might lead to difficulties. I might have done it. But I am not in a position to disclose all that now.

Another and a very pressing need that I desire to bring to the notice of this Council is the insufficiency of accommodation for lying-in cases in the mofussil hospitals of the State. The accommodation is hardly sufficient for what are called waiting cases, that is, for women expecting confinement. At least more than one-third of our population live in one-room huts of mud and thatching, and it is in these rooms that confinement generally takes place. It is quite probable that at the time the confinement takes place there are in the same room children affected by chicken pox, dysentery or any other infectious disease. It is under these circumstances that the child is born. It is a very deplorable state of affairs and I hope that this Council will pay their earnest attention to this question and see that accommodation for lying-in cases is greatly increased in all the hospitals. I do not ask for costly buildings. All that I ask for is a good floor, a fine roof and some protection from exposure. That is all that I want.

Another thing that I should like to lay emphasis upon is this. Even if you make provision for lying-in cases in all the hospitals, there would not be a very large number of women who would go to the hospitals, leaving their children behind. They may be the poorest of the poor and yet they will not go to the hospitals. These people really depend upon the indigenous midwife. I might be tempted to use strong language in regard to these midwives. I have seen many atrocities committed by them. The indigenous midwife is to be regarded as death incarnate. She is bringing untold misery on women in labour. It will be out of form to mention all the mischiefs that the indigenous midwife commits on the poor woman in labour. I may mention one instance that will give the House an idea as to the nature of her actions, —jumping on the abdomen of a woman in full pregnancy and in the actual process of labour. This is one of the commonest things and this will give you an idea of her actions. Sir, when Sir P. Rajagopalachari was the Dewan of this State, one day I happened to mention to him some of these things that had been brought to my notice. He was profoundly shocked to hear them. I will not say that he almost went into a fit of fainting. But he immediately left my presence. When next he met me and while I was at a distance he shouted to me, "Do not tell me anything about the indigenous midwives. We shall consider and try to do all that is in our power." But that was at the fag end of a most strenuous career and he left the thing undone. This is a state of affairs that calls for immediate remedy and the means are simple.

I think the learned Darbar Physician is fairly on the way to solving that problem. My proposal is simply this. You had better train

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annually about 100 midwives in different centres of the country. Fortunately for this country, we can get any number of poor girls sufficiently educated to understand the principles of midwifery if properly taught. You need not give them any stipends. They will come forward on their own accord to learn the subject. I say, train them in different centres —at Nagercoil, Padmanabhapuram, Neyyattinkara, the General Hospital, Mavelikara Kottayam and Tiruvalla. In all these places, train about ten in each institution; and after having trained them, you will have to give them a monthly grant of some thing like seven or eight rupees so that they may settle down in the places selected for them. I am perfectly certain that each of them will become popular in the course of a year or two and will become self-supporting. These grants may then be withdrawn. I suppose this will be acceptable to the House.

Another matter on which I should like to lay emphasis is in regard to the poor insane. Now, under the Regulation, only a dangerous lunatic found wandering in the streets is eligible for admission to the asylum. I may tell you, Sir, that many stones will have hit his back and many sticks will have been broken on his back before an insane becomes eligible for admission into the lunatic asylum. He must be wandering about and must be a possitive danger to people. Then alone he can claim admission. This is very hard. The Regulation needs some amendment. The process of getting lunatics admitted is also very difficult. The insane has to be arrested by the police, brought before a magistrate, remanded for observation before a medical officer, produced again before a court and some sort of enquiry gone into, and evidence recorded and lastly there is an order issued for detention.

MR. K. K. THOMAS (*Kottayam*): Does the member want to have all insane people admitted into the lunatic asylum?

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): I do not want those insane persons who can be and are looked after by their own people to be admitted into the asylum. I only want to say that the process of admission through the medium of the magistrate should not be gone through. As regards taking care of insanes, I am sure that in fact there is hardly any house that has got sufficient accommodation for the purpose. In the asylum the accommodation provided is also insufficient. I think that the accommodation in the lunatic asylum— I am speaking subject to correction—is only for 150 inmates. That is very insufficient.

Another thing about the insane is his neighbourhood. There is a leper asylum in the immediate neighbourhood of the lunatic asylum. It is only just on the other side of the wall of the lunatic asylum. That is very hard also. Leprosy is an infectious disease. The mode of infection still remains a mystery. So, it is highly improper that the insanes should be accommodated in the immediate neighbourhood of the lepers. We find that the criminals are accommodated in palatial buildings amidst sourroundings envied by all of us. It is a pity that these

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[Mr. K. Madhavan Piliai].

unfortunate people who are suffering from mental derangement should be forced to be in the neighbourhood of the lepers.

Another matter about the leper asylum is this. It is situated on a hill, the surface drainage from which finds its way into the adjacent paddy fields. I am not talking of the ——

MR. K. GEORGE (*Financial Secretary to Government*): May I know from Mr. Madhavan Pillai whether any case has come to his notice of an insane having got infection from the lepers?

MR. K. MADHAVAN PILLAI (*Trivandrum cum Neduvangad*). I say I object to it on principle. But it is very hard that the surface drainage from the leper asylum should be washed down into the paddy fields below just at this time when harvest is ripening for gathering, that the paddy fields should be soaked in water contaminated by the refuse from the leper asylum. It is a very pitiable situation, Sir, and I ask the Government to consider it most earnestly.

Another point is that the medical science has advanced greatly and immensely of late, so much so that specialisation in different branches of medicine has become an imperative necessity in order that persons may keep in touch with the progress of medical science. We have got doctors specialised in midwifery, doctors specialised in diseases of the eye, doctors specialised in bacteriology; and all other kinds of specialisations we come across now. But we have a Surgeon and Physician in the General Hospital rolled up in one. This is very very wrong.

PRESIDENT: Your time is up.

MR. K. MADHAVAN PILLAI (*Trivandrum cum Neduvangad*): If so. I shall resume my seat.

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): ആസ്പത്രികളുടേയും ഡിസ്പെൻസറികളുടേയും ഉപയോഗം പ്രധാനമായി ഗവർണ്മെൻറ് ഉദ്ദേശിച്ചിരിക്കുന്നത് സാധുക്കളായ ജനങ്ങൾക്കാണ്. ധനവാന്മാരായ ആളുകൾക്കു മിക്കസ്ഥലങ്ങളിലും പ്രൈവറ്റ് ഡാക്ടറന്മാരേ കിട്ടാൻ വളരെ പ്രയാസമില്ല. ആശുപത്രിയുടെ സമീപമായിട്ടും മിക്ക പട്ടണങ്ങളിലും ഇങ്ങനെയുള്ള പ്രൈവറ്റ് ഡാക്ടറന്മാർ ധാരാളമുണ്ട്. എന്നാൽ സാധുക്കൾക്ക് അവർക്കു പ്രതിഫലം കൊടുത്തു ചികിത്സിയ്ക്കാൻ വളരെ പ്രയാസമാണ്. നാഗരീകവും വിദ്യാഭ്യാസവുമുള്ള ജനങ്ങൾ നിവസിക്കുന്നതും ജനബാഹുല്യമുള്ളതുമായ പട്ടണങ്ങളെവിട്ട് ഉൾനാട്ടിലേയ്ക്കു കടക്കുമ്പോൾ അവിടേയുള്ള ജനങ്ങൾ മിക്കവാറും ദരിദ്രന്മാരും രോഗാതുരന്മാരുമായിട്ടാണ് കാണുന്നത്. മലയോരങ്ങളിൽ മലേറിയ രോഗം ബാധിച്ചു് ആണ്ടിൽ മൂന്നുനാലു മാസംവരെ അവശന്മാരായിട്ടാണ് മിക്കവാറും ആളുകൾ കഴിച്ചുകൂട്ടുന്നത്. അ

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വിടേയാണ് ആസ്പത്രികളുടെയും ഡിസ്പൻസറികളുടേയും ഉപയോഗം അധികമുള്ളത്. അവരെ സംബന്ധിച്ചു പറയുകയാണെങ്കിൽ അവക്കു ഇപ്പോൾ ആസ്പത്രികൾകൊണ്ടു വലിയ പ്രയോജനവുമില്ല. വല്ലപ്പോഴും ആസ്പത്രികളിൽ സാധുക്കൾ ചെന്നാൽ മരുന്ന് ഇല്ലാ, മരുന്ന് വരുത്തണം എന്നുള്ള വാക്കാണ് കേൾക്കുക. മരുന്നുകൾ ദൂരത്തുനിന്നും എഴുതി അയച്ചുവരുത്തുന്നതിനു പണം ഡാക്ടറന്മാർക്കു കൊടുക്കണം. ഈ രീതി സാധുക്കൾക്കു ഉപദ്രവകരമാണ്. മരുന്ന് രോഗികൾ വാങ്ങിയ്ക്കുന്നതിന് ഇട അരുക്കരുത്; അതിനു തക്കവണ്ണം ഉള്ള ഏർപ്പാട് ഗവർണ്മെൻറ് ചെയ്യേണ്ടതാണ്. പല സ്ഥലങ്ങളിലും മുമ്പു പ്രസ്താവിച്ചതുപോലെ രോഗികളെ കാണിക്കുന്നതിനു ഡാക്ടരെകൊണ്ടു പോകുവാൻ സാധിക്കുന്നില്ല. രോഗികളെ നോക്കുന്നതിനു പോകുവാൻ ഏറ്റവും വലുതാ പീസാണു ഡാക്ടറന്മാർ ചോദിക്കുന്നത്. ഒരു നിശ്ചിതതുക പടിയാക്കണമെന്ന് ഈ കൌൺസിലിൽ പല അവസരങ്ങളിലും പറഞ്ഞിട്ടുണ്ട്. ഇതുവരെയാതൊരു നിവൃത്തിമാർഗ്ഗവും ഉണ്ടായിട്ടില്ലാ. പല ഡാക്ടറന്മാരോടും പടി ക്ലിപ്തപ്പെടുത്തേണ്ടതിനെപ്പറ്റി അഭിപ്രായം ചോദിച്ചതായി ഡർബാർഫിസിഷ്യൻ പറയുക ഉണ്ടായി. ഡാക്ടർമാർ ഗവർണ്മെൻറിൽനിന്നും ശമ്പളം വാങ്ങുന്നവരാണല്ലാ. കൂടികളിൽനിന്നും വാങ്ങുന്ന പടി ഏതു രീതിയിലായിരിക്കണമെന്നു വിവരിക്കുന്ന ഓരോ പരസ്യം ആസ്പത്രികളിൽ വയ്ക്കേണ്ടതാണ്. പടി നിരക്ക് എങ്ങിനെ ആയിരുന്നാൽ സമ്മതമാണെന്ന് ഡാക്ടർമാരോടു ചോദിച്ചാൽ അവരിൽനിന്നു സാധുക്കൾക്ക് അനുകൂലമായ ഒരു അഭിപ്രായം കിട്ടുമെന്നു വിചാരിച്ചുവാണോ ഡർബാർ ഫിസിഷ്യൻ അവരോടു ചോദിച്ചതെന്നറിയുന്നില്ല. അങ്ങിനെ അവരുടെ അഭിപ്രായം അനുസരിച്ചുചെയ്യുന്ന വ്യവസ്ഥകൊണ്ടു ഗുണമുണ്ടാകാൻ വഴിയില്ല ശമ്പളം വാങ്ങുന്ന ഉദ്യോഗസ്ഥന്മാരായ ഈ ഡാക്ടറന്മാർ രോഗികളെ നോക്കാൻ പോകുന്നതിനു വാങ്ങേണ്ട പടി നിരക്ക് ഗവർണ്മെൻറുതന്നെ നിശ്ചയിക്കേണ്ടതാണ്, ഡാക്ടറന്മാരല്ല.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): സർക്കാർ വക്കീലന്മാർ ഇതുമാതിരി വെളിയിൽ ഉള്ള കേസിനുപോകുന്നതായി അറിയാമോ?

MR. TARIATU KUNJITOMMAN (*Muvattupuzha* cum *Todupuzha*): ഡാക്ടർമാരുടെയും വക്കീലന്മാരുടേയും ജോലി ഒന്നല്ലാത്തതുകൊണ്ടു അവർ തമ്മിൽ സാമ്യമില്ല! സാധുക്കൾക്കാണു ഉപദ്രവം.

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MR. N. V. JOSEPH (*Parur*): ധനവാനാണൊ അല്ലാ സാധുവാണോ എന്നു തിരിഞ്ഞറിഞ്ഞാൽ എന്തുചെയ്യണം?

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): സാധുവാണൊ ധനവാനാണോ എന്നു മിക്കവാറും മുഖവും വേഷവുംനോക്കിയാൽ തന്നെ തിരിച്ചറിയാവുന്നതാണ്. വക്കീലന്മാർ കക്ഷികളെ തിരിച്ചറിയുന്നതുപോലെ അറിയണം.

MR. K. C. MAMMEN MAPPILLAI (*Commerce and Industry, North*): വേഷംകണ്ടാൽ തിരിച്ചറിയാമോ?

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): മിക്കവാറും അറിയാം.

MR. K. I. JOSEPH (*Minachil cum Devicolam*): ഈ സംശയനിവൃത്തിക്കു മുൻസിപ്പാലിറ്റിക്കാരെ ഏർപ്പെടുത്താമൊ?

MR. TARIATU KUNJITOMMAN (*Muvattupuzha cum Todupuzha*): അതു പാടില്ല. പിന്നീടു പറയാനുള്ളത് ആസ്പത്രികളിൽ കിടക്കുന്ന രോഗികൾക്കു അനുവദിച്ചിട്ടുള്ള പടി പലേടത്തും ഡാക്ടറന്മാർ വേണ്ടപോലെ വിനിയോഗിക്കുന്നില്ല എന്നുള്ളതാണ്. അതിനാൽ ഭക്ഷണംകൂടി രോഗികൾക്കു കിട്ടാതിരിക്കുന്നതിനു ഇടവരുന്നു. രണ്ടോ മൂന്നോ ഡിവിഷനായി തിരിച്ച ഡർബാർഫിസിഷ്യന്റെ കീഴിൽ ആസ്പത്രികളുടെ പരിശോധനക്കു ഓരോ ആളുകളെ കൂടി വച്ചാൽ തരക്കേടില്ലെന്നതോന്നുന്നു. ഡർബാർഫിസിഷ്യനതുന്ന എല്ലാസ്ഥലങ്ങളിലും സഞ്ചരിച്ചു് ഈ മാതിരി കാര്യങ്ങളെ അപ്പപ്പോൾ കണ്ടുപിടിക്കാൻ സാധിക്കുന്നതല്ല. ഡാക്ടറന്മാർ സാധുക്കളിൽനിന്നും കൂടുതൽ പടി വാങ്ങിക്കുന്നുണ്ടോ എന്നും സാധുക്കളെ ഏതെങ്കിലും വിധത്തിൽ ഉപദ്രവിക്കുന്നുണ്ടോ എന്നും രോഗികൾക്കു ശരിയായി ഭക്ഷണം കൊടുക്കുന്നുണ്ടോ എന്നും മരുന്നുകൾ വേണ്ടപോലെ കൊടുക്കുന്നുണ്ടോ എന്നും മറ്റുമുള്ള കാര്യങ്ങൾ എല്ലാം ഒരാളിനെക്കൊണ്ടുതന്നെ സാധിക്കാൻ വളരെ വിഷമമാണ്. അതിലേക്കു പ്രത്യേകം പരിശോധനാധികാരമുള്ള കീഴ്ദ്യോഗസ്ഥന്മാർ വേണം. അതുകൊണ്ടു വളരെ ഗുണമുണ്ടാകും. അവർ പ്രതിവർഷം ഓരോ സ്ഥലങ്ങളിലും രണ്ടോ മൂന്നോ പ്രാവശ്യം സഞ്ചരിച്ചു അന്വേഷണം നടത്തുകയും സ്ഥലത്തുള്ള ആളുകളെകണ്ടു ചോദിച്ചു മനസ്സിലാക്കുകയും ചെയ്യണം. ഇങ്ങനേ ചെയ്തായാണെങ്കിൽ സാധുക്കൾക്കു വളരെ ഗുണമുണ്ടാകും. ഈ രാജ്യത്തു് ആസ്പത്രികൾ ധാരാളമുണ്ടു്. ഇവയുടെ എല്ലാം മേൽവിചാരവും മേൽപറഞ്ഞ മാതിരിയിലുള്ള കാര്യങ്ങളും പരിശോധനയും ഒരാളെക്കൊണ്ടുമാത്രം സാധ്യമല്ല. ആസ്പത്രികളിലും അഴി

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മതികം നാൾക്കുനാൾ വഷ്ടിച്ചുകൊണ്ടിരിക്കുകയാണ്. ഇത് രണ്ടു മൂന്നു വർഷമായിട്ടു തുടങ്ങിയതല്ല. വളരെക്കാലമായി തുടങ്ങിയിട്ടു ഇങ്ങനെ ഉത്സാഹമായ സങ്കടം രോഗികൾക്കു നേരിട്ടിരിക്കുന്നതുകൊണ്ടാണ് അതിനെ ഓർമ്മപ്പെടുത്തുന്നതിന്റെ ശ്രദ്ധയിൽ സ്പഷ്ടമായി ഞാൻകൊണ്ടുവരുന്നത്. അതിനാൽ ഈ കാര്യങ്ങളെ സംബന്ധിച്ചു ഡർബാർഫിസിഷ്യനും ഗവർണ്മെൻറും വേണ്ടപോലെശ്രദ്ധിച്ചുസാധുജനങ്ങൾക്ക് ഉപയോഗപ്രദമായരീതിയിൽ വേണ്ടതുചെയ്യേണ്ടത് ഏറ്റവും അത്യാവശ്യമാണ്.

MR. K. K. THOMAS (*Kottayam*): Sir, I have great pleasure in supporting the motion very ably brought forward by Mr. Madhavan Pillai. In doing so, I wish to add that he is the only member on this side of the House whose opinion in regard to medical matters is entitled to great weight.

MR. K. I. JOSEPH (*Minachil* cum *Devicolam*): What does the member say about Mr. M. N. Pillai?

MR. K. K. THOMAS (*Kottayam*): I have not much to say about him.

MR. A. K. PILLAI (*Karunagapalli*): How does it arise from the present discussion, Sir?

PRESIDENT: Go on, please.

MR. K. K. THOMAS (*Kottayam*): The question of the extension of medical aid has been brought forward very well by Mr. Madhavan Pillai. It is very desirable to extend the advantages of medical aid throughout Travancore so that it may reach the poorest and the out of the way patients. The figures about Bombay, Travancore and Mysore show how feebly the medical aid in this country reaches the ordinary ryot. The only question that will be raised against its extension will be the paucity of funds in the State exchequer. With regard to this, I would suggest that in all the district centres equipments, the accessories, and other things may be added on to the hospitals at, say Nagercoil, Trivandrum, Quilon, Kottayam and Alleppey. In these places, model hospitals may be established so that the outlying places may take advantage of those institutions. Generally, I think the senior doctor is placed in charge of these hospitals also. So that to satisfy the wants of extension of medical aid, these model hospitals may be better equipped and better supervised also.

I lend my hearty support to the suggestion made by Dr. Madhavan Pillai for increasing the lying-in conveniences of these hospitals. Most of us, Sir, are stirred by the way in which Dr. Madhavan Pillai has been referring to the evils worked by the indigenous midwives in the savage way in which they treat the ordinary patient. Child welfare should be as much as possible encouraged not only by the State but by the citizens at large. I think a grant may be provided from the Medical Department for the encouragement of child welfare.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): How does that arise in this connection?

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MR. K. K. THOMAS (*Kottayam*): When we are speaking about maternity and lying-in conveniences, I think child welfare also arises.

In regard to the observations about leprosy and the sanitation in the leper asylum, I think much need not be said because the mere reference to it will convince every one of us that the adjoining precincts of the leper asylum should be kept scrupulously clean and no sort of contamination should be allowed to interfere with the health of the people in the locality, either to contaminate the water or to hinder any other convenience.

It is thought that the great disease that has now affected the country is tuberculosis. I think some special treatment may be instituted for this disease by which several of our men who are being affected by it from day to day may have recourse to it.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): What about elephantiasis?

MR. K. K. THOMAS (*Kottayam*): The suggestion of a tuberculosis hospital somewhere in South Travancore either in Cape Comorin or any other dry place is very welcome and I think Government will be not very slow in moving in this direction. The number of patients that go to Madanapalle and Cudappau and other places is very large and so I bring to the notice of Government the urgent necessity for doing something in the direction. With these remarks, I wish to support the motion of Mr. Madhavan Pillai.

MR. G. RAMAN MENON (*Mavelikara* cum *Kartikapalli*): I support the motion brought forward by Dr. Madhavan Pillai. From his speech it is clear that there are very serious medical problems to be dealt with in this State. It is seen that the Darbar Physician as such does not find time to devote as much attention to the needs of the people as is desirable. From the Darbar Physician's speech yesterday, it was seen that the chief duty of the Darbar Physician is to attend to the health of His Highness the Maha Raja and the members of the Royal family. So, it seems to me that, in the interests of the people, something like a Surgeon-General may be appointed to deal with the urgent problems which have been brought to our notice by the previous speakers. Mr. Kunjitomman remarked that one or two inspecting Surgeons may be appointed in different centres. The object will also be fulfilled if a Surgeon-General is put in charge of the work of organising medical relief for the people. Of course, it is a most important work of the Darbar Physician, that is acknowledged on all hands, to attend to the health of the Royal family. It is only desirable that the medical relief to the common people should be put in the hands of an officer who has more time to devote to that work. Of course, an objection may be brought forward to this point that the expenditure on the hospitals or medical relief will be increased thereby. I can make a suggestion for obviating that difficulty. In most civilised countries, honorary surgeons are appointed to hospitals, especially in towns. So, wherever available, honorary surgeons should be appointed in big hospitals for giving the

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treatment in serious cases and for general supervision. Only physicians on a lower status need be appointed for looking into the details of the administration of each hospital. In this way I hope a sufficient sum of money can be saved for appointing something like a Surgeon-General to look more particularly to the medical relief of the people.

MR K. I. JOSEPH (*Minachil* cum *Devicolam*): Sir, I agree with Mr. Madhavan Pillai in his statement that the medical relief that is now meted out to the people of this State is not adequate to their needs. This is especially true in the case of the people in the rural parts and particularly the labouring class and the poorer section of the population. Of course, in towns it may not be difficult to get even private medical aid for average persons, but in rural areas they cannot have such private aid as there are no private practitioners. So, I bring to the notice of Government that, as far as possible, they should try to increase the number of hospitals or at least dispensaries in the rural parts also.

In this connection, I may bring to the notice of Government that my own constituency feels a very great need in the matter, especially as regards the northern portion of it, the places adjoining Ramapuram *pakuthi*. They are in very urgent need of a dispensary there. The distance from that place to the nearest hospital is more than twelve or fifteen miles. In these circumstances, I have to point out the extreme necessity of the poor people for having a dispensary there.

As regards inspection work, I quite agree with Mr. Kunjitomman when he says that more of inspection work is actually needed in these hospitals. His observations, as well as my own very limited experience in the matter, make me to observe that all things in hospitals are not going on quite well. Of course, the richer classes of people do not suffer much because they can afford to pay. But the poorer classes suffer very much. If, in the matter of those honest and innocent teachers of schools, the Government think that ever so many Inspectors, Assistant Inspectors and Personal Assistants are necessary, why should not the Government consider it necessary to have more Medical Inspectors also to supervise these hospitals and to control the actions of these men. I think it is highly necessary that there should be more supervision work in the management of hospital work.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, Dr. K. Madhavan Pillai has raised so many points in the course of his motion that I am afraid I will not be able to deal with all of them satisfactorily. Nevertheless, I value them greatly, coming as they do from a man who has had a very wide experience both in the Medical and in the Sanitary Departments. He pointed out that we want more medical institutions in the State. I think the ratio he suggested was one to every 15,000 of the population.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): About that.

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MRS. M. POONEN LUKOSE (*Surgeon in charge*): And he quoted figures from Mysore, Bombay and Madras. But I have to remind him that, in Travancore, besides the Government Hospitals, we have also grant-in-aid institutions and Ayurvedic Vaidyasalas which receive grants from the Government, which is not the case, I believe, in British India. There are also several good Mission Hospitals in the State so that these factors have also to be considered when we say we have not a sufficient number of Government institutions comparatively for our population.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): May I know from the Darbar Physician how many grant-in-aid institutions there are in the whole State?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): There are now 16 grant-in-aid institutions. And provision has been made this year for one more grant-in-aid institution and one more Government dispensary.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): May I know from the Darbar Physician whether such a number is sufficient for a State like Travancore?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): I do not think the number is sufficient. But what I mean is that the grant-in-aid institutions and Vaidyasalas should also be included when we total up our medical institutions.

Regarding the greater accommodation in hospitals, I am of opinion that there is need for improvement in this direction. As regards the accommodation for the lying-in patients, I might inform Dr. K. Madhavan Pillai that Government have realised the necessity for such accommodation in mofussil hospitals, and wards are being built in Kottayam, Quilon and Nagercoil. They are almost ready and I believe these will be ready for occupation in a few months.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): My point is that we must have more of them in the interior parts of the State.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): But we have to start somewhere. The Head of the Department and Government have realised the necessity for this accommodation and we have made a start. We cannot start everywhere all at once. We are moving in the right direction and, as the necessity has been recognised by Government, we can expect all the help that is possible from Government hereafter also.

With regard to the work of the midwives, Dr. K. Madhavan Pillai has given us a graphic description of the horrors of the untrained midwives. Sir, I have had many and varied opportunities to form an opinion of the havoc done by these midwives and I must say Dr. Madhavan Pillai has described their atrocities in very mild language. We have been trying to meet this problem also. The midwives attached to the Government hospitals are now asked to devote their time in the afternoons to visit the houses of the poor within a radius of three miles from

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the hospital. Their visits are recorded daily in a diary which shows also the nature of the work done by the midwives. These diaries are examined by the Medical Officers in charge and also whenever possible by the Darbar Physician.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*). They have attended only eight cases per month on an average in 1099.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, I shall explain this. In the larger towns it is difficult to show a larger return because the poorer women have begun to take advantage of the Government hospitals in Trivandrum, Quilon and Alleppey and they go into these hospitals for their confinement. About 1,200 midwifery cases on an average are treated yearly in the Women's Hospitals at Trivandrum and Quilon together. These cases also have to be included as cases attended by the midwives. Further, I have to point out that in Travancore there are many private practitioners and trained midwives who are also responsible for attending quite a large number of labour cases. All these factors must go to reduce the average outturn of work by the Government midwives. But I can honestly say that these midwives are turning out fairly satisfactory work now.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): I refer to the average number of labour cases conducted by midwives which comes only to eight cases per month for 1099.

MRS. M. POONEN LUKOSE (*Surgeon in charge*). This number refers to cases attended by midwives outside the hospital. They are expected to attend about 15 cases every month. It is not always possible to do that. I have just been trying to show why the average is so low.

We are also trying to get more midwives for work among poor women by starting a class for midwifery for one year at the Women and Children's Hospital. My experience has been that the response was not as hearty as expected. We advertised in papers and in the Gazette. We wanted to start with a class of 20 girls to try the experiment. But till 15 days before the opening of the class, only 5 girls had applied for admission. I had then to write to various people and I am glad to say the Nagercoil Municipality responded heartily by sending 4 girls, and what was more, they offered stipends of Rs. 8 per month for these students. This was very laudable. These girls are expected to return to Nagercoil after their course and work under the Municipality. I feel that it is the maternity and child welfare movement which has been started in Travancore that will really have to cope with this problem. Here, in Trivandrum we have had two Baby Week Celebrations in 1099 and 1100. The Child Welfare Committee proposes to start a Baby Welfare Centre in Trivandrum from the 1st of Chingam 1101. A midwife who was trained in a Government hospital and who has till now not been provided with any Government employment has been secured and she is to start visiting the houses of the poor. The expenses of this work will have to be met by private subscriptions. The Trivandrum Municipality ought to help in this work. Those interested in this

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[Mrs. M. Poonen Lukose.]

movement and especially Dr. K. Madhavan Pillai will soon, I trust, have opportunities of helping this work in a practical way. I do not think it is fair to ask the Government to help us in this work. It is the municipalities and the citizens that ought to carry on this work. Of course, most of us would like everything to be done by Government for us. But I do not think that is the proper attitude to be taken in this matter.

In regard to dispensaries, I think a great deal can be done by private enterprise. If only well-to-do people would come forward and offer to give buildings or furniture or equipment or all these, the responsibility of the Government would be made much lighter. I have no objection to having more dispensaries in the State as Dr. Madhavan Pillai suggested, provided this House will sanction the expenditure. I need hardly say that the expenditure would be tremendous.

MR. V. SUBBA AIYAR (*Nominated*) (*Deputy President*): May I know from the Darbar Physician whether it is not the practice in Mysore and Bombay for Municipalities and Local Bodies to contribute?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): I believe it is.

With regard to untrained midwives, I have been trying to get at them also. During the last year and the year before, at the time of the Baby Week celebrations here, I took special trouble to get hold of the untrained midwives. But this was no easy matter. They thought something terrible was going to be done to them and they were too frightened to come at first. I had to send the hospital nurses to their houses and at last I succeeded in bringing about 50 of them to the Baby Week Exhibition and each year they were shown round the maternity wards of the Women and Children's Hospital and the Lady Assistants lectured to them during the Baby Week. I am glad to say that some of them are now sending cases to the hospital when they find that they are not able to deal with them themselves. This is a very encouraging feature. This influence over them has to be kept up in years to come. It is only by training the indigenous midwives (and great tact is necessary for this) that we can hope to reduce the terrible sufferings of the poor helpless women and infants of this land.

With regard to the admission to the Lunatic Asylum, or the Hospital for Mental Diseases as it is now called, Government will have to investigate the matter before attempting to make changes in the Lunacy Regulation. I feel that the Regulation needs amendment.

With regard to the site of the Lunatic Asylum, if a more suitable site can be pointed out, I think Government will have no hesitation in considering the question.

As regards the specialisation in medicine, I quite agree with Dr. Madhavan Pillai that Surgeons and Physicians ought to have their work separated. Doctors and patients would be benefited by this arrangement. When the new General Hospital buildings are completed—this may take time—I think this division of labour can be effected. At present, I am afraid, it is not practicable.

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With regard to the point raised by Mr. Kunjitomman that there are no medicines for the poor, I can say that I have been trying to do all that I can to minimise this complaint. For some years, I must admit, Sir, there have been growing complaints that there is not a sufficient supply of medicines in the hospitals. I do not, however, think that the state of affairs is as bad as it has been made out in this House. Ever since I took charge of the department, I have been going into the question of the supply of medicines very carefully. I have scrutinised all indents for the supply of medicines from the various institutions and I have seen that medicines are supplied as far as possible according to the requirements of the institutions. In a few institutions, however, though the supply was ordered according to the indents, after three months, complaints were received that medicines were out of stock. On enquiry, I found that the indents had been carelessly prepared by Assistants who happened to be posted temporarily in the institutions referred to, who did not quite understand the calculations necessary for preparing the indent. The Store-keeper can supply only the quantities indented for and this he had done. Whenever I inspected a hospital, I have asked the Medical Officer in charge whether the supply of medicines was sufficient, and I have also been able to get some opinions from the people of the locality. My information is that during the last six months there has not been much room for complaint in this direction. Such institutions as were short of certain drugs which were brought to my notice have been given extra supplies. As the stock of some drugs in the Stores was low and I felt we could not meet the demands of the institutions till the next supply arrived, I have purchased with the sanction of Government certain medicines from India for about Rs. 1,500. I have been trying to do all in my power to give the institutions decent supplies of medicines, yet these complaints are still heard. New institutions are springing up, and older institutions are having increasing attendance of patients. As a natural consequence, the expenditure must go on increasing; and if this House has no objection to sanction a larger amount for the purchase of medicines, Government will not stand in the way. My own idea is that, unless persons who are able to pay for medicines are made to pay for them, this problem can never be satisfactorily solved.

PRESIDENT: It is time.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): As regards the appointment of a Surgeon-General, Government will do whatever is necessary in the matter.

MR. M. N. PILLAI (*Trivandrum*): May I ask a question whether the Darbar Physician would accept any useful suggestions made by me?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Certainly, Sir. Provided the suggestions are reasonable, I have no hesitation to consider them. (*Laughter*). I shall welcome all reasonable suggestions.

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MR. M. N. PILLAI (*Trivandrum*): I wanted to know whether my opinion regarding medical matters would be accepted. My friend Mr. K. I. Joseph, put a question to Mr. K. K. Thomas referring something about me. I think the Darbar Physician has to value the opinion of every member of this house, whether he be a medical man or not, provided the suggestions are reasonable. Just to clear Mr. Joseph's doubt, I put this question. I have nothing more to add.

MR. K. MADHAVAN PILLAI (*Trivandrum* cum *Neduvangad*): I beg to thank the learned Darbar Physician for the full and elaborate explanation and for the sympathetic attitude she has adopted in regard to several problems. I withdraw the motion.

PRESIDENT: May I take it that the House permits the motion to be withdrawn?

The motion was, by leave, withdrawn.

Motions 258 to 261.

The following motions were not moved:—

MR. K. P. NILAKANTA PILLAI:

258. To reduce the allotment of Rs. 4,97,509 for Hospitals and Dispensaries by Rs. 100.

MR. M. N. PILLAI:

259. To reduce the allotment of Rs. 4,97,509 for Hospitals and Dispensaries by Rs. 100.

MR. T. KUMARA PILLAI:

260. To reduce the allotment of Rs. 4,97,509 for Hospitals and Dispensaries by Rs. 100.

MR. K. I. JOSEPH;

261. To reduce the allotment of Rs. 4,97,509 for Hospitals and Dispensaries by Rs. 100.

Motion 262.

MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): Sir, I beg to move the following motion;

262. To omit the allotment of Rs. 300 under the Special Investigation Officer.

ഈ സ്പെഷ്യൽ ഇൻവെസ്റ്റിഗേഷൻ ആഫീസർ വളരെ അത്യാവശ്യമാണ് എന്നെനിക്കറിയാം. അതറിഞ്ഞിട്ടും ആ തുക കുറയ്ക്കാൻ ഒരു മോഷൻകൊണ്ടുവന്നതിനെപ്പറ്റി പലർക്കും ആശ്ചര്യം തോന്നുന്നുണ്ടായിരിക്കും. സ്പെഷ്യൽ ഇൻവെസ്റ്റിഗേഷൻ ആഫീസരെ നിയമിച്ച് അദ്ദേഹം വേണ്ടപോലെ വേലചെയ്യുന്നുവർണ്മെൻറിലേക്കു സമർപ്പിക്കുന്ന റിപ്പോർട്ടുകളിൽനിന്നും വേണ്ടത് പ്രവൃത്തിക്കാത്തതുകൊണ്ടാണ് അങ്ങനെ ഒരു ആഫീസർ വേണ്ടെന്നുപറയാൻ കാരണമായത്. അദ്ദേഹം ചെയ്തിട്ടുള്ള ജോലികളെ സംബന്ധിച്ചു ൻ വ-ലെഅഡ്മിനിസ്ട്രേഷൻ റിപ്പോർ

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ട്ടിൽ പലസംഗതികളും പറഞ്ഞിരിക്കുന്നു. അങ്ങനെ ആദ്ദേഹം അയയ്ക്കുന്നതായ റിപ്പോർട്ടുകളെ സംബന്ധിച്ചു ഗവർമ്മെൻറു വേണ്ടപോലെ അന്വേഷിച്ചു ജനങ്ങൾക്കു രക്ഷയുണ്ടാക്കികൊടുക്കണമെന്നുള്ള സംഗതി ശക്തിയോടുകൂടി പറയാനാണ് ഇങ്ങനെ ഒരു മോഷൻ കൊണ്ടുവന്നിട്ടുള്ളത്.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, the Special Investigation Officer started his work about the end of 1096. First, he investigated certain diseases in Trivandrum and he has since been doing this work in different parts of Travancore. He is at present engaged in investigating malaria and elephantiasis and other diseases in Alleppey. Last year an allotment was sanctioned by this House for the continuance of the Special Investigation Officer only up to the end of this year. But I feel strongly that, if the work he has been doing till now is to be of use to the public, it is necessary that he should continue this work for three months more. Government have already required that the Special Investigation Officer should suggest remedial and practical measures for combating as far as possible the diseases he has investigated.

I must say that the Special Investigation Officer's work is a very difficult one. I believe country people call him "കൊതു പിടിക്കുന്ന ഡാക്ടർ." When he starts work in a particular place, he has first of all to study the lie of the country, the drainage, the water supply, and the seasons and then study the conditions of the people, their habits, occupation etc. He has then to examine a large number of persons affected with the particular disease, generalise and then draw conclusions from the various investigations made. The work requires very great patience and wonderful enthusiasm. The question of the great incidence of malaria in certain parts was pointed out by the Special Investigation Officer. Government have taken note of his finding and his recommendations; and since the receipt of his report, Government have entrusted the sale of quinine to the Anchal, Forest and Education Departments.

MR. T. KUMARA PILLAI (*Kalkulam cum Vilavankod*): മുമ്പെ ഉണ്ടായിരുന്നില്ലേ ആ ഏർപ്പാട്?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): മുമ്പെ ഉണ്ടായിരുന്നതിലധികമായിട്ട് ഇപ്പോഴാം ഉണ്ട്.

Also Maycode and other places are not far from Kulasekharam, and the Medical Officer there can visit these places and render the necessary help. The Medicial Officer at Kulasekharam has been given from the beginning of the year an allowance of Rs. 25 per mensem for visiting the places referred to. Quinine is available for the people but the people object to quinine treatment as the drug is not very pleasant to take. But quinine alone will not rid these parts of malaria. Greater problems are involved which mean greater expenditure. People have to be educated in health matters. Anyhow, I am sure Government will try to do all they can to improve the conditions of these parts.

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MR. T. KUMARA PILLAI (*Kalkulam* cum *Vilavankod*): മലമ്പനി ധാരാളമുള്ള സ്ഥലങ്ങളിൽ ആശുപത്രിയിൽനിന്നും ആഴ്ചയിൽ രണ്ടു ദിവസത്തിൽ കുറയാതെ ഡാക്ടർമാരെ അയച്ചു ചികിത്സിപ്പിക്കുന്നത് ജനങ്ങൾക്കു വളരെ സൌകര്യമായിരിക്കും. മേക്കോട് എന്ന സ്ഥലത്തു കലശേഖരത്തുനിന്നും ഡാക്ടർമാരെ ഒരു ക്ലിപ്തമായ സമയത്തുവന്നു ചികിത്സിക്കാൻ ഏർപ്പാടുചെയ്യണം. അരുമനയ്ക്കു നാലു മയിൽ വടക്കു കളിയൽ എന്ന സ്ഥലത്തും ഡാക്ടർ ആഴ്ചയിൽ രണ്ടു ദിവസം പോയി ചികിത്സിക്കാൻ വേണ്ട ഏർപ്പാട് ചെയ്യുന്നത് നന്നായിരിക്കും. സ്പെഷ്യൽ ആഫിസരെ മൂന്നു മാസമൊ മൂന്നു വർഷമൊ വച്ചുകൊണ്ടിരിക്കുന്നതുകൊണ്ടു ഒരാക്ഷേപവുമില്ല. എന്നാൽ ജനങ്ങളുടെ ആരോഗ്യരക്ഷയ്ക്കുവേണ്ടെല്ലാം ചെയ്യാൻ സാധിക്കുമോ അതെല്ലാം ഗവർണ്മെൻറ് ചെയ്യണമെന്നേയുള്ളൂ. [കെ. സി. മാമൻമാപ്പിള : ഹീയർ, ഹീയർ.]

I withdraw the motion.

PRESIDENT: May I take it that the House permits the motion to be withdrawn?

The motion was, by leave, withdrawn.

Motion 263.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): Sir, I beg to move the following motion:

263. To omit the allotment of Rs. 1,257 for Scholarships for the study of European medicine.

Sir, in making this motion, I am not on very sure grounds as to whether this amount is needed in connection with scholarships to be introduced from the next year forwards or the amount is needed for the purpose of continuing the education of students who have already been sent to England. In the latter case, that is, if the Government have already undertaken to keep these students in England or any other place, then I would willingly withdraw the motion. But in case this expenditure is to be undertaken by the Government for students who are to be sent next year, then I will point out this aspect of the question, namely that many students are now found ready to go to England at their own expense and betake themselves to studying western methods of medicine. In such a case, nothing like a stimulus is required at the expense of the State to interest such people in the study of western medicine. It is with this view that I make this motion. Anyhow, I would wait for the explanation of the Darbar Physician in the matter.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, if the expenditure had been placed before the House in detail, this motion might not have been brought forward by Mr. P. K. Narayana Pillai. The expression "European Medicine" has been misleading. This money is required to maintain two lady students in Vellore and one in Madras

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I think everybody realises the necessity for lady doctors in some of the mofussil hospitals. It has been very difficult to get suitably qualified lady doctors for the mofussil hospitals. As many Travancore women have been given scholarships by the Vellore Medical School, they are bound to serve the authorities for a certain number of years and they are not therefore available for service in Travancore. Two medical students who were granted scholarships by the Travancore Government have passed out from Vellore and one has already been entertained in service. Two out of the three women students, for whom provision has been made in the budget, are expected to pass out next year.

MR. M. N. PILLAI (*Trivandrum*): May I know what the amount allotted for this purpose is?

MRS. M. POONEN LUKOSE (*Surgeon in charge*): The expenditure on this account is as follows—

(1) for one lady student in the Madras Medical College at Rs. 56 per mensem for twelve months, which amounts to Rs. 672;

(2) for one lady student at Vellore Medical School at Rs. 30 per mensem for nine and a half months, which amounts to Rs. 285;

(3) for another lady student at Vellore Medical School at Rs. 30 per mensem for ten months, which amounts to Rs. 300.

I think the members will now realise that this is a necessary expenditure.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): I withdraw the motion.

The motion was, by leave, withdrawn.

Motion 264.

The following motion was not moved:—

MR. M. N. PILLAI:—

264. To omit the allotment of Rs. 1,257 for scholarships for the study of European medicine.

Motion 265.

MR. K. I. JOSEPH (*Minachil cum Devicolam*): Sir, I beg to move the following motion:—

265. To reduce the allotment of Rs. 20,862 under items Nos. 1 and 4 of Grants for Medical Purposes by Rs. 100.

I have to make an explanation. This motion consists of two items Nos. 1 and 4. Item No. 4 was already submitted by Mr. P. K. Narayana Pillai. I have nothing to say on that item since that motion has already been withdrawn. Of course, I only wish to make this observation that, if the students have already been sent on the special understanding that they would be given scholarships, this scholarship should be continued. Since there are very many students who are prepared to go and study at their own expense, I would point out that hereafter it is not advisable for the Government to send any more students.

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[Mr. K. I. Joseph.]

As regards item No. 1, my object in moving this motion is only to ascertain the institutions to which grants are being made and whether they are intended only to benefit Europeans or whether these institutions are intended to benefit the people of this State as well. I want only to get some explanation on this point from the Darbar Physician.

MRS. M. POONEN LUKOSE (*Surgeon in charge*). Sir, I have already explained what the purpose of the scholarship is. Mr. K. I. Joseph has raised one other point and that is that we would be able to get the services of students who have gone to other countries for study at their own expense. I do not know whether Mr. K. I. Joseph is aware of the fact that, in Vellore and in the Madras Medical College, scholarships are given to women students. They are mostly Travancore students. They are consequently not available for service here as they are bound by their contract to serve elsewhere. As I said, only a few minutes back, recruiting of lady doctors has been difficult in Travancore. Therefore, unless we give the women students some inducement to serve the Government, it will not be easy for us to get their services.

With regard to grant-in-aid institutions, when a grant is made to an institution, it is done on a definite understanding; conditions and rules are laid down which have to be followed if the grant is to be continued. The institutions are meant not only for the European planters but for all people in Travancore.

The grant-in-aid institutions are:—

Catherine Booth Hospital, Vadasseri.
Martandam Mission Hospital.
Neyyoor Do.
Bonami, Arnakal } Peermade Taluk.
Munnar, Ellapathy, Sothapara } Devicolam Taluk.
Kalturutty – Pathanapuram Taluk.
Ponmudi—Neduvangad Taluk.
Ashamboo Thovala Taluk.
Nedungolam—Quilon Taluk.
St. Joseph's Hospital, Magnamy.
Salvation Army Branch Hospital, Aramboly.
Thekady – Peermade Taluk.
Leper Mission Hospital—Alleppey.

This year provision is also made to give a grant to the Salvation Army Hospital at Kulathummel.

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MR. K. I. JOSEPH (*Minachil* cum *Devicolam*) : I withdraw the motion.

The motion was, by leave, withdrawn.

Motion 266.

MR. A. K. PILLAI (*Karunagapalli*) : Sir, I beg to make the following motion :—

266. To reduce the total allotment of Rs. 5·53 lakhs under Demand XV by Re. 1.

Sir, in rising to make this motion, I wish to emphasise, at the very outset, the suggestion put forward by Mr. Raman Menon that there must be an officer, equally responsible with the Darbar Physician, to take care of the health of the people. Sir, we people are very thankful indeed for the sense of security that is afforded us by the fact that the health of the members of the Royal Family is being taken proper care of. But, we, as representatives of the people, have got a right to suggest to this House and to the Government that there must be somebody to look after the health of the people also. This suggestion, I was persuaded to make only because of the circumstance that last evening the Surgeon in charge of the Darbar Physician's duties told the House that the first and foremost duty of the Darbar Physician under the Medical Code was to take care of the health of the members of the Royal Family. I do not want to stress this point. I only want to make a suggestion and to emphasise it.

I want to draw the attention of Government to the necessity of starting very seriously to take steps for the organisation of, what is called, Village Medical Service. My own view is that services, like those of the departments of Education, Co-operation and Medicine, are the only services which deserve to be called really humanitarian. What I suggest is that the work of these departments should not be so much centralised and departmentalised as is being done to-day. These humanitarian services must be, as far as possible, left to private agencies, and Government need only encourage them by grants. The expenditure that is being incurred on account of the Medical Department is high because of the fact that it has been too much centralised and too much departmentalised. My suggestion is to encourage private practitioners to settle down in villages, just like the Ayurvedic Department, by giving them some grants. Government need only give grants to these private agencies, provided they see that these private practitioners are properly qualified for their profession. Government must certainly have special institutions like the Asylum for the Incurables, the Asylum for the Lunatics, Nursing homes, Maternity homes and all that. Government may also spend money in keeping experts like the X-ray expert. Government need not run the department as it is being done at present. They need not have a dispensary here and a dispensary there. We must have sufficiently equipped surgical homes. But, we need not have this elaborate scheme of dispensaries and hospitals. The suggestion might look rather novel. But, I do not think it is so novel to people who are keeping themselves in touch with what is going on

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[Mr. A. K. Pillai.]

outside. It was only very recently that the Corporation of Bombay suggested a similar scheme to be worked out. The Corporation of Bombay covers nearly two or three times the area—not exactly the area, because the Medical Department is dealing with the people and not with the area—the Corporation of Bombay has to look after very nearly three times the population of our State. Therefore, what they consider feasible for their purposes should, I think, be equally feasible for Travancore also.

Another suggestion that I have got to make is this. It is not so much a suggestion. I want to draw the attention of this House to the fact that people who take to these services do not take to it for their love of it. They take to it just like every other officer for the sake of pay and promotions. I was really shocked to hear from Dr. Madhavan Pillai, who was a very responsible officer of the Medical Department and who also acted as the Darbar Physician for some time, I heard him with a certain amount of unpleasant surprise when he interrogated Mr. Kunjitomman whether he would object to the Sirkar Vakils receiving remuneration for their private practice. He had that mentality, I think, because of the department in which he served for a long time. He compares medical relief with the service of vakils. Sir, if only we bring to bear upon the subject the proper attitude, I am sure, these two things must appear very different. One requires medical relief when he is ailing from some disease and struggling for life. Medical relief is needed at a time when one has no time to bargain. But, vakils can very well bargain, because they are not dealing with life. They deal only with property and material things. Bargaining, in their case, might, therefore, be excused. But, anyone who professes to be a doctor, one whose duty it is to render medical relief to people who are dying actually, should not demand money whenever his services are required. But, the occasions are not few and far between when we see doctors in service demanding money first before they proceed a step further, even when people are suffering the greatest agony. They have had such training in the department, so that the mentality has been somehow or other developed. That is a matter which the authorities and the people can very well understand.

PRESIDENT: Time, please.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): Sir, I was not quite able to understand Mr. A. K. Pillai when he said that some officer was necessary to look after the health of the people. I suppose what he meant was that in mofussil stations it was necessary for somebody to supervise the work and see that the poor people get medical aid, as they ought to. As for the question of looking after the health of the people, Government have been doing a great deal in that direction by establishing Hospitals and Dispensarie in different parts.

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MR. A. K. PILLAI (*Karunagapalli*): A point of personal explanation, Sir. What I meant was this. From what was presented to this House last evening, we thought the duty of attending to the health of the members of the Royal Family was rather onerous enough for one officer like the Darbar Physician. Therefore, I suggested that another officer, or someone, was necessary to look after the health of the people.

MR. S. GNANA JOSHUA (*Nominated*): Does he suggest the appointment of another officer independent of the Darbar Physician?

MR. A. K. PILLAI (*Karunagapalli*): Any way; whether independent or not.

MRS. M. POONEN LUKOSE, (*Surgeon in charge*); Sir, it does not seem to me that any one officer will be able to look after the health of the people in such an ideal manner as suggested by Mr. A. K. Pillai. We have medical officers in mofussil stations to look after the health of the people. Perhaps what Mr. A. K. Pillai means is that some of them are not looking after the health of the people properly. But, I cannot admit, Sir, that that is the case everywhere. We have officers who do their best for the people.

The Village Medical Service is not quite a new scheme. The question of rural medical aid of the right kind in the Madras Presidency and in Bombay has been talked about a great deal, and we will gladly welcome it in Travancore if only the people are prepared to come forward and help the Government. If suitable private agencies come forward, I have no doubt Government will help them with grants. But, we would like to know at the outset whether the people will get medical aid free. After all the discussion in this House during the last budget session about a grant to a mission hospital, whether it will not result in the patients being forced to pay for medicines, we would like to know how we stand in relation to this scheme before venturing on it. Private practitioners start practice not solely with the idea of rendering service to the public. They have to earn a livelihood. They must get some remuneration, and whatever grant Government may give, I do not think they can be expected to treat all patients free. So, there is this aspect of the question also to be considered. I would really be very glad if private agencies would come forward for such work. But, I do not see why maternity homes alone should be managed by Government and the other things done by the Village Medical Service. If it can render all other medical aid, why could it not start proper maternity homes as well? Such homes are more needed in village parts than in towns. Maternity homes would be much more useful to the people of villages than private hospitals.

Then, again, I was sorry to find that Mr. A. K. Pillai made rather a sweeping statement when he said that people enter medical service just for the sake of making money. Is it conceiveable, Sir, that the worst type of men are found in the Medical Department? I know many men and women in our service who do their work not for the sake of money but for the sake of the love of the people. I am prepared to admit that there are exceptions. But, a sweeping statement like that, I

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[Mrs. M. Poonen Lukose.]

am not prepared to admit. Persons, men and women, who go in for the study of medicine have to undergo a very difficult course, a very long, trying and strenuous course and much money has to be spent before medical degrees can be secured. Still the salaries offered by Government for medical men and women are much lower than those given in other technical departments. The salaries of medical men in Government service are comparatively low because they have opportunities of supplementing their salaries by private practice. Of course, there are exceptions everywhere. Even in this House, we have seen different kinds of mentality displayed. It is not possible for one person to lay down rules for the behaviour of people in general. Proper education alone can make a man realise his responsibility. We may theorise, but it is only by a thorough change of mentality that the ideal put forth by Mr. A. K. Pillai can be attained.

MR. C. P. TARAKAN (*Kunnatnad*) : ചില പ്രത്യേക സാഹചര്യങ്ങളാൽ ഉദ്യോഗം വർദ്ധിപ്പിക്കുന്നതിനും ചിലപ്രത്യേക സാഹചര്യങ്ങളാൽ ഉദ്യോഗം കുറയ്ക്കുന്നതിനും—

MR. R. PADMANABHAN (*Nominated*) : സാഹചര്യം എന്നുള്ള വാക്കിനെ ഒന്നു വിവരിച്ചു പറഞ്ഞാൽ കൊള്ളാം. ഇതു മനസ്സിലാകുന്നില്ലാ.

MR. C. P. TARAKAN (*Kunnatnad*) : സാഹചര്യം എന്നവാക്ക് എല്ലാവർക്കും മനസ്സിലാകുമെന്നാണ് തോന്നുന്നത്. ചിലപ്രത്യേക സാഹചര്യങ്ങളാൽ ഉദ്യോഗങ്ങൾ വർദ്ധിപ്പിക്കുന്നതിനും ചില പ്രത്യേക സാഹചര്യങ്ങളാൽ ഉദ്യോഗങ്ങൾ കുറയ്ക്കുന്നതിനും ഈ ഭാഗത്തെ ചില സാമാജികന്മാർ പ്രദർശിപ്പിച്ച ഉത്സാഹത്തെ സന്തോഷത്തോടും ദുഃഖത്തോടും കൂടി ഞാൻ കേട്ടു കൊണ്ടിരിക്കയായിരുന്നു. മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിലേക്കു ഇനി കൂടുതൽ ശമ്പളംഉള്ള ഒരുദ്യോഗസ്ഥനെക്കൂടി വഹിക്കാനൊ തിരുവിതാംകൂറിനു അതു സഹിക്കാനൊ അശേഷം ശക്തി ഇല്ലെന്നാണ് എനിക്കു തോന്നുന്നതു്. ഇപ്പോൾ ഗവർമ്മെൻറു ആസ്പത്രികളായിനടത്തുന്നതിനെ എല്ലാം പ്രൈവറു ഏജൻസികളെ ഏല്പിക്കണമെന്നും ഗവർമ്മെൻറിൽ നിന്നും മരുന്നു വാങ്ങിക്കൊടുക്കയും ഡാക്ടർമാക്ക് ശമ്പളംകൊടുക്കയും ചെയ്യേണ്ട ആവശ്യമില്ലെന്നും പറയുന്ന മിസ്റ്റർ എ. കെ. പിള്ളയുടെ അഭിപ്രായത്തോടു എനിക്കു തീരെ യോജിക്കാൻ നിവൃത്തിഇല്ലാ. പ്രൈവറു ഡാക്ടറന്മാരെ ഈ ജോലികൾ ഏല്പിക്കുന്നപക്ഷം സാധുക്കൾക്കു ചികിത്സവേണ്ടപോലെ ലഭിക്കുകയില്ലാത്തതിനാൽ ആസ്പത്രികൾ സ്ഥാപിക്കുന്ന ഇപ്പോഴത്തെ നയത്തെ വിട്ടു പ്രൈവറു ഡാക്ടറന്മാരെ ഏല്പിക്കണമെന്നുള്ള നയം സ്വീകരിക്കരുതെന്നു ഞാൻ എന്റെ താല്പര്യക്കാരായ പ്രജകളുടെ പ്രതിനിധിയായി അപേക്ഷിച്ചുകൊള്ളുന്നു.

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MR. A. K. PILLAI (*Karunagapalli*): Sir, the difficulty was greatly due to the lack of time. I could not possibly explain the whole scheme of village medical aid. If only I had time at my disposal, I could have done it, and, I am sure, I could also have carried the conviction of the members of the House. If that scheme were accepted by the members, I am sure that there would be better and more useful medical relief in the rural parts. What I suggested was that there should not be so much of departmentalisation, so much of *cutcherry*-making, in the matter of these humanitarian services. At present, a lot of money is being spent, but without any benefit to the people. They are spending just for the sake of pay and pension. I thought and I still believe—

MR. W. H. PITT (*Commissioner of Police*): Will Mr. A. K. Pillai say whether the so-called volunteers at the Satyagraha Ashramam at Vaikam are not clothed and fed, and the officers of the Ashramam have not, in addition, drawn pay, motor car allowance, etc.

MR. M. SIVATANU PILLAI (*Tovala*): I rise to a point of order.

MR. A. K. PILLAI (*Karunagapalli*): How does it arise?

PRESIDENT: Mr. Pitt is drawing the attention of Mr. A. K. Pillai to the analogy between medical service being given free and Satyagrahis also doing their work free.

MR. A. K. PILLAI (*Karunagapalli*): I do not quite understand the analogy.

PRESIDENT: It is only a rhetorical question about an analogy.

MR. A. K. PILLAI (*Karunagapalli*): Sir, if I had enough time at my disposal I would have clearly explained to the House the whole scheme of Village Medical Service, and, as I said, I would have certainly carried the conviction that that would be a more efficient and more useful system than the system that we have now. A very heavy expenditure is now being incurred by Government on account of this department. A large amount is spent away as pay and pension. Of course, no man can live without means of maintenance. Certainly, the medical officers also should be paid some salary. But, what is now being done is, these medical officers are being paid like the Peishkars and other highly paid officers of the State service. They are not given merely some allowance for maintenance. They are given very decent salaries. I must not be understood to say that I am against decent salaries being paid to Government servants. As a matter of fact, I am one of those who would fight very strongly for increasing the salary of low-paid Government servants. My view is that the lowest pay that is given even to menial servants should not be less than Rs. 25 per mensem if only we can afford that. At present there is no proportion in the matter of the salaries paid to the various Government servants. We are paying Rs. 1,500 to the Commissioner of Police and only Rs. 8 to the poor Police Constable. That, I say, is very unfair. I have been drawing the attention of Government to this serious question.

Then, with regard to my observation on the Medical Department, when I said that there must be one man to look after the health of the

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[Mr. A. K. Pillai.]

people I did not mean *one* numerically. I only said that, when there is somebody with the onerous responsibility of looking after the health of the members of the Royal family, there must be one who is equally responsible for the health of the people. I only suggested that that must be considered as equally necessary.

MR. S. GNANA JOSHUA (*Nominated*): Does he want the appointment of two Darbar Physicians?

MR. A. K. PILLAI (*Karunagapalli*): I only said that it was wrong emphasis laid upon the fact that the Darbar Physician has to look after the health of the members of the Royal family.

PRESIDENT: Leave that matter alone, please.

MR. K. C. MAMMEN MAPPILLAI (*Commerce and Industry, North*): I rise to a point of order, Sir.

MRS. M. POONEN LUKOSE (*Surgeon in charge*): I have nothing to add, Sir,—

MR. A. K. PILLAI (*Karunagapalli*): I am sorry I did not withdraw my motion. I do not want to detain Mrs. Lukose any further. I withdraw the motion.

The motion was, by leave, withdrawn.

PRESIDENT: The time for this demand is over.

MR. K. C. MAMMEN MAPPILLAI (*Commerce and Industry, North*): Have two and a half hours elapsed since we began this demand?

MR. T. P. RAMASUBBA AIYAR (*Secretary to Government*): Yes; we had half-an-hour's discussion yesterday.

PRESIDENT: I now put to the vote of the House Demand XV—Medical Department, for Rs. 5·53 lakhs. I take it that the House sanctions the Demand.

The grant was made.

The Council adjourned for lunch at 1-49 P. M. and reassembled at 2-45 P. M.

DEMAND XVI—CHEMICAL EXAMINER, AYURVEDA AND SANITATION.

MR. K. NARAYANAN PANDALAY (*Ag. Chief Secretary to Government*): Sir, I move for a grant not exceeding Rs. 1·48 lakhs under Demand XVI—Chemical Examiner, Ayurveda and Sanitation.

Motions 269 and 270.

The following motions were not moved:—

MR. C. P. TARAKAN:

269. To reduce the allotment of Rs. 32,835 for Department of Ayurveda by Rs. 100.

MR. K. K. THOMAS:

270. To reduce the allotment of Rs. 32,835 for Department of Ayurveda by Rs. 100.

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Motion 271.

MR. M. N. PILLAI (*Trivandrum*): Sir, I rise to move the following motion:—

271. To reduce the allotment of Rs. 32,835 for Department of Ayurveda by Rs. 100.

I have brought forward this motion to point out the poor pay of the Inspector of Ayurveda and of the Principal of the Ayurveda College. The Principal of the Ayurveda College gets Rs. 50 and the Inspector of Ayurveda Rs. 40.

The Inspector is expected to travel throughout the State and he gets only third class *batta*. I think it is too hard for him to travel on this pittance throughout the State for inspecting purposes. The status and pay of the Principal of the Ayurvedic College should also be raised; at least he should be given a pay of Rs. 70 or Rs. 75.

I have also to make another suggestion with regard to the development of the Ayurvedic Department. Last year, this time, I brought forward a motion about the improvement of this department by establishing a few Ayurvedic dispensaries in each taluk town, like the allopathic dispensaries, which will be of great help to people outside Trivandrum. Now the system is only to give grants-in-aid to Vydians in every taluk. By establishing a few Ayurvedic dispensaries in every important taluk, I think people will have the advantage of deriving greater benefit out of the system. I have suggested on the last occasion that some of the municipalities may be asked to open Ayurvedic dispensaries and that the Government may help them by giving small grants. With these observations, I move the motion.

MR. KALLUR NARAYANA PILLAI (*Pattanamtitta*): മിസ്റ്റർ എം. എൻ. പിള്ളയുടെ പ്രമേയത്തെ ഞാൻ പൂർണ്ണമായി അനുകൂലിക്കുന്നു. ആയുർവേദ ചികിത്സയിൽ ജനങ്ങൾക്കധികം വിശ്വാസവും അതിൽ അധികം രോഗങ്ങൾക്കു ശമനവും കണ്ടുവരുന്നതായിട്ടാണ് കാണുന്നത്. അങ്ങനെയിരിക്കുന്ന സ്ഥിതിക്ക് ആയുർവേദ ചികിത്സയെ ഏറ്റവും വളർപ്പിക്കേണ്ടതാണ്. ആയുർവ്വേദവൈദ്യശാല തിരുവിതാംകൂറിൽ സ്ഥാപിച്ചു തുടങ്ങീട്ട് പത്തുനാല്പതുകൊല്ലം വരുമെന്നു തോന്നുന്നു. വ്യ വൈദ്യശാലകൾ ഇവിടെ സ്ഥാപിച്ചിട്ടുണ്ട്. ക്ഷ ഠ വൈദ്യശാലകൾ സ്ഥാപിക്കാനാണ് ഗവർണ്മെൻറ് അനുവാദം കൊടുത്തിട്ടുള്ളത്. ഈ വ്യ വൈദ്യശാലകളുടെയും പരിശോധകനായ ഒരു ഇൻസ്പെക്ടർ ർ ഠ രൂപാ മുതൽ ള ഠ രൂപാവരെയാണ ശമ്പളം നിശ്ചയിച്ചിട്ടുള്ളത്. ന ഠ രൂപാവരെ ഗ്രാൻറു വാങ്ങിക്കുന്ന വൈദ്യശാലകളുണ്ട്. ഈ ന ഠ രൂപാ ഗ്രാൻറു വാങ്ങിക്കുന്ന വൈദ്യശാലയേയും പരിശോധിക്കാൻ ർ ഠ രൂപാ ശമ്പളമുള്ള ഉദ്യോഗസ്ഥൻതന്നെയാണ്: ഒരുപക്ഷേ അധികാരത്തെ

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വിചാരിച്ച അനുസരിക്കുമായിരിക്കാം. ഈ ഇൻസ്പെക്ടർ തിരുവിതാംകൂർ ഒട്ടുക്കു സഞ്ചരിക്കേണ്ട ആളാണ്. ഈ ചുരുങ്ങിയ ര 0 ശമ്പളത്തിൽ തിരുവിതാംകൂർ ഒട്ടുക്കു സഞ്ചരിക്കത്തക്കവണ്ണം ഒരുദ്യോഗസ്ഥൻ ആയുർവേദഡിപ്പാർട്ടുമെൻറിലല്ലാതെ വേറെ ഒരു ഡിപ്പാർട്ടുമെൻറിലും ഇല്ല. ഈ വൈദ്യശാലകൾ പരിശോധിക്കുന്ന ഉദ്യോഗസ്ഥനു സഞ്ചാരപടി മൈലിനു ര ചക്രവും ദിവസം നാല് പണവുമാണ്. ഈ നിലയിൽ തിരുവിതാംകൂർ ഒട്ടുക്കു സഞ്ചരിക്കാൻ പ്രയാസമാണ്. പിന്നെ വൈദ്യനാണ്, വേറെ രോഗികളെ ചികിത്സിച്ചാൽ ആദായം കിട്ടുമെന്നു വിചാരിക്കാം. എന്നാൽ സക്കീട്ടിൽ ഈ ഇൻസ്പെക്ടർമാർക്കു രോഗികളെ ചികിത്സിക്കാൻ സാധിക്കയില്ല. അതുകൊണ്ട് ഇൻസ്പെക്ടർമാരുടെ ശമ്പളം കൂട്ടികൊടുക്കണം. ഈ ബഡ്ജറ്റു കൊണ്ടു കാണുന്നതു് ആയുർവേദഡിപ്പാർട്ടുമെൻറിൽ ര 0 രൂപാ മുതൽ ൈ 0 രൂപാവരെ ശമ്പളത്തിൽ ഒരു ഹെഡ് ക്ലാർക്കുണ്ടെന്നാണ്. അദ്ദേഹത്തെക്കാൾ കുറവാണ സ്റ്റോറ് ഒട്ടുക്കു സഞ്ചരിക്കേണ്ട ആയുർവേദ ഇൻസ്പെക്ടരുടെ ശമ്പളം.

ആയുർവേദപാഠശാലയിൽ ഭ 0 രൂപാശമ്പളത്തിൽ ഒരു പ്രിൻസിപ്പാലുണ്ട്. നേരെമറിച്ച സംസ്കൃതപാഠശാലയിലെ പ്രിൻസിപ്പാളിനു ഫ 0 0 രൂപാ മുതൽ ഫ ഭ 0 രൂപാവരെയാണ് ശമ്പളം വച്ചിട്ടുള്ളതു്. സംസ്കൃതവിദ്യാഭ്യാസം സാമാന്യമായി സിദ്ധിച്ചിട്ടുള്ളവരാണ് ആയുർവേദപാഠശാലയിൽ സാധാരണമായി പഠിക്കാൻ ചെല്ലുന്നതു.

MR. K. I. JOSEPH (*Minachil* cum *Devicolam*): ഇൻസ്പെക്ടർക്കും എന്തു യോഗ്യതയാണെന്നറിഞ്ഞാൽകൊള്ളാം.

MR. KALLUR NARAYANA PILLAI (*Pattanamtitta*): സംസ്കൃതത്തിൽ നല്ല പാണ്ഡിത്യം ഉണ്ടായിരിക്കണം.

MR. K. I. JOSEPH (*Minachil* cum *Devicolam*): എന്തു പരീക്ഷ പാസ്സായിരിക്കണം?

MR. KALLUR NARAYANA PILLAI (*Pattanamtitta*): ആയുർവേദപാഠശാലയിൽ പരീക്ഷയുണ്ട്. അതിൽ വിജയി ആയിരിക്കണം.

MR. K. I. JOSEPH (*Minachil* cum *Devicolam*): എത്രകൊല്ലമാണ് പഠിക്കേണ്ടതു്?

MR. KALLUR NARAYANA PILLAI (*Pattanamtitta*): അഞ്ചു കൊല്ലത്തിൽ കുറയാതെ പഠിച്ചിരിക്കണം.

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